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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Paul J. Timans et al

Serial No: 10/629,400

Filed: July 28, 2003

For: SELECTIVE REFLECTIVITY PROCESS CHAMBER
WITH CUSTOMIZED WAVELENGTH RESPONSE
AND METHOD

Examiner: Shawntina T. Fuqua

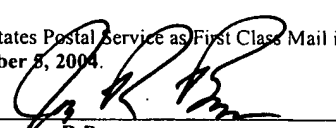
Art Unit: 3742

Attorney Docket: MAT-9

Date: November 5, 2004

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 5, 2004.

Signed:


Ray R Beyer

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

The following amendments and remarks are intended as a full and complete response to the outstanding Office Action dated (mailed) October 5, 2004.



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Jay R Beyer

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P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established

No additional fee is required.

☒ **Postcard included**

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		NON- SMALL ENTITY	
Claims Remaining		Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 166	Minus	**166	0	x 9	\$	x 18	\$ 0
Indep. Claims	* 12	Minus	*** 12	0	x 43	\$	x 86	\$ 0
First Presentation of Multiple Dependent Claim(s)					+145	\$	+290	\$ 0
					Total	\$	Total	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

Please charge my Deposit Account No. **19-1685 (Order No. MAT-9)** the amount of \$_____ to cover the additional claims fee. **A duplicate copy of this sheet is enclosed.**☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-1685 (Order No. MAT-9)** (a duplicate copy of this sheet is enclosed):☒ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
☒ Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,


Jay R Beyer
Registration No. 39,907